| Debtor 1 | Grace Louise Dahlquist | | | | |
|---------------------------------|------------------------|----------------------------|-------------|--|--|
| Debitor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for | the: Eastern District of P | ennsylvania | | |
| Case number | 24 11920 | | | | |

| | ording to the calculations required by Statement: |
|---|-----------------------------------------------------------------------------------------------------|
| ✓ | Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |
| | Disposable income is determined under 11 U.S.C. § 1325(b)(3). |
| | 3. The commitment period is 3 years.4. The commitment period is 5 years. |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| P | art 1: Calculate Your Average Monthly Income | | | | | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|-----------------------------------|--------------------------------|------------------------------------------|------------------------------------------------------------|--|
| 1. | What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. | | | | | | | |
| | Fill in the average monthly income that you received from bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are suit. If the amount of your monthly income varied dure the result. Do not include any income amount more than on from that property in one column only. If you have nothing to | ou are filing or ring the 6 mor ice. For exam | n September onths, add the ple, if both s | r 15, the income spouses of | 6-mont for all 6 own the | h period woo months and same renta | uld be March 1 through d divide the total by 6. Fill in | |
| | | | | | Colum | | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | | | | \$ | 0.00 | \$ | |
| 3. | Alimony and maintenance payments. Do not include payments from a spouse. | | | | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly paid for you or your dependents, including child support. Include an unmarried partner, members of your household, your de roommates. Do not include payments from a spouse. Do not listed on line 3. | le regular con pendents, pa | tributions fro rents, and | of om | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, or | Debtor 1 | Debtor 2 | | | | | |
| | farm | \$ 0.00 | S S | | | | | |
| | Gross receipts (before all deductions) | | | | | | | |
| | Ordinary and necessary operating expenses | - \$_0.00 | - \$ | | | | | |
| | Net monthly income from a business, profession, or farm | \$_0.00 | \$ | Copy here | \$ | 0.00 | \$ | |
| 6 | 8. Net income from rental and other real property | Debtor 1 | Debtor 2 | | | | | |
| | Gross receipts (before all deductions) | \$_0.00 | \$ | | | | | |
| | Ordinary and necessary operating expenses | - \$_0.00 | - \$ | | | | | |
| | Net monthly income from rental or other real property | \$_0.00 | \$ | Copy here→ | \$ | 0.00 | \$ | |

Case 21-11829-amc Doc 23 Filed 07/29/21 Entered 07/29/21 23:36:08 Desc Main Document Page 2 of 4

| Debtor 1 | Grace Louise Dahlquist First Name Middle Name Last Name | Case num | ber (if known) | 21-11829 | |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| | | Column A | | Column B | |
| | | Debtor 1 | | Debtor 2 or non-filing spouse | |
| 7 Interest | dividends, and royalties | s | 0.00 | \$ | |
| | ************************************** | \$ | 0.00 | \$ | |
| | yment compensation ter the amount if you contend that the amount received was a benefit under | * | | | |
| | I Security Act. Instead, list it here: | | | | |
| For you | \$1,300.00 | | | | |
| | ur spouse\$ | | | | |
| | or retirement income. Do not include any amount received that was a | | | | |
| benefit ur not includ States Go death of a under cha exceed th | nder the Social Security Act. Also, except as stated in the next sentence, do de any compensation, pension, pay, annuity, or allowance paid by the United overnment in connection with a disability, combat-related injury or disability, or a member of the uniformed services. If you received any retired pay paid apter 61 of title 10, then include that pay only to the extent that it does not the amount of retired pay to which you would otherwise be entitled if retired by provision of title 10 other than chapter 61 of that title. | \$ | 0.00 | \$ | |
| not includ the Feder National E disease 2 against he annuity, o | rom all other sources not listed above. Specify the source and amount. Do be any benefits received under the Social Security Act; payments made under ral law relating to the national emergency declared by the President under the Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus (019 (COVID-19); payments received as a victim of a war crime, a crime umanity, or international or closestic terrorism; or compensation, pension, payor allowance paid by the United States Government in connection with a | е | | | |
| disability, services. | combat-related injury or disability, or death of a member of the uniformed If necessary, list other sources on a separate page and put the total below. | | | | |
| | stamps | \$ | 19.00 | \$ | |
| | | \$ | | \$ | |
| Total a | mounts from separate pages, if any. | + \$ | | + \$ | |
| | te your total average monthly income. Add lines 2 through 10 for each Then add the total for Column A to the total for Column B. | s1,3 | 319.00 | + | = \$_1,319.00 |
| Part 2: | Determine How to Measure Your Deductions from Income | | | | |
| 12. Copy yo | ur total average monthly income from line 11. | | | | \$1,319.00 |
| 13. Calculat | te the marital adjustment. Check one: | | | | |
| ✓ You | are not married. Fill in 0 below. | | | | |
| | are married and your spouse is filing with you. Fill in 0 below. | | | | |
| | are married and your spouse is not filing with you. | | | | |
| you you | n the amount of the income listed in line 11, Column B, that was NOT regularl or your dependents, such as payment of the spouse's tax liability or the spous or your dependents. | se's suppor | t of somed | one other than | |
| | ow, specify the basis for excluding this income and the amount of income devo | oted to each | purpose. | If necessary, | |
| | additional adjustments on a separate page. | | | | |
| If thi | is adjustment does not apply, enter 0 below. | | | | |
| - | | - \$ | | - | |
| _ | | _ \$ | | - | |
| _ | | _ +\$ | | _ | |
| Tota | 1 | \$ | 0.00 | Copy here | 0.00 |
| | 0.65-10-10-10-10-10-10-10-10-10-10-10-10-10- | - | | announced in the second | \$ 1,319.00 |
| 14. Your cu | irrent monthly income. Subtract the total in line 13 from line 12. | | | | φ_1,010.00 |

| Debto | or 1 Grace Louise Dahlquist | Case number (if known) 21-11829 | |
|--------|-------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------|
| | First Name Middle Name Last Name | | |
| | | | |
| 15. Ca | alculate your current monthly income for the year. Fol | low these steps: | |
| | Sa. Conviling 14 horo | | \$1,319.00_ |
| 15 | | | . 10 |
| | Multiply line 15a by 12 (the number of months in a year | ar). | x 12 |
| | | | \$ 15,828.00 |
| 15 | 5b. The result is your current monthly income for the year | for this part of the form. | <u> </u> |
| | | | |
| 16. C | alculate the median family income that applies to you | . Follow these steps: | |
| 16 | 6a. Fill in the state in which you live. | PA | |
| ,,, | ou. I minute date in minor years. | | |
| 16 | Fill in the number of people in your household. | | |
| | | | |
| 1 | 6c. Fill in the median family income for your state and siz | e of household | _{\$} 61,957.00 |
| | To find a list of applicable median income amounts, g | go online using the link specified in the separate | |
| | instructions for this form. This list may also be available | ble at the bankruptcy clerk's office. | |
| 47 1 | low do the lines compare? | | |
| | · · | | |
| 1 | 17a. Line 15b is less than or equal to line 16c. On the | top of page 1 of this form, check box 1, Disposable income is not dete | rmined under |
| | 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fil | out Calculation of Your Disposable Income (Official Form 122C-2). | |
| 1 | 17b. Line 15b is more than line 16c. On the top of pag | e 1 of this form, check box 2, Disposable income is determined under | |
| | | Calculation of Your Disposable Income (Official Form 122C-2). | |
| | On line 39 of that form, copy your current monthly | y income from line 14 above. | |
| Par | Calculate Your Commitment Period Un | rder 11 II S C. & 1325(h)(4) | |
| Feli | Calculate Your Commitment Period Of | 11 0.3.0. § 1325(5)(4) | |
| | | | 1 210 00 |
| 18. C | Copy your total average monthly income from line 11. | | \$_1,319.00 |
| 19 [| Deduct the marital adjustment if it applies. If you are m | arried, your spouse is not filing with you, and you contend that | |
| 0 | calculating the commitment period under 11 U.S.C. § 1325 | 5(b)(4) allows you to deduct part of your spouse's income, copy | |
| ti | he amount from line 13. | ne 19a | |
| 1 | isa. If the marital adjustment does not apply, illi in o on ill | IC 13d. | - \$ |
| | | | • |
| 1 | 9b. Subtract line 19a from line 18. | | J |
| | | We will be a state of | |
| 20. | Calculate your current monthly income for the year. For | bllow these steps. | |
| | 20a. Copy line 19b | | |
| | 20a. Copy line 19b. | | \$ |
| | Multiply by 12 (the number of months in a year). | | x 12 |
| | Mataphy by 12 (the named of months are year). | | |
| ١, | 20b. The result is your current monthly income for the year | ar for this part of the form. | |
| 1 | The result is your current monthly moonte for the you | an of the part of the form | \$ |
| | | | |
| 2 | 20c. Copy the median family income for your state and size | e of household from line 16c | s 61,957.00 |
| | | | <u> </u> |
| | | | |
| 21. H | How do the lines compare? | | |
| | | | |
| [| | ed by the court, on the top of page 1 of this form, check box 3, | |
| | The commitment period is 3 years. Go to Part 4. | | |
| | | | |
| | | | |
| 1 | Line 20b is more than or equal to line 20c. Unless oth | erwise ordered by the court, on the top of page 1 of this form, | |
| 1 ' | check box 4, The commitment period is 5 years. Go to | Part 4. | |
| | | | |

| Debtor 1 | Grace Louise Dahlquist First Name Last Name Last Name | Case number (if known) 21-11829 |
|----------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Part 4: | Sign Below | |
| | By signing here, under penalty of perjury I declare that the in | nformation on this statement and in any attachments is true and correct. |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date 07/29/2021 MM / DD / YYYYY | Date |
| | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this | form. On line 39 of that form, copy your current monthly income from line 14 above. |